

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Pharmacies
All Prescribers
Managed Care Plans
Nursing Home Administrators

Memorandum No: 04-79 MAA
Issued: November 3, 2004

For More Information, call:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

Subject: Prescription Drug Program: Preferred Drug List, Drug Limitations, and Expedited Prior Authorization Updates

Effective for claims with dates of service on and after December 6, 2004 (unless otherwise noted), the Medical Assistance Administration (MAA) will implement the following changes to the Prescription Drug Program:

- Therapeutic Drug Class to be implemented as part of the Washington Preferred Drug List;
- Addition to the List of Limitations on Certain Drugs; and
- Additions to Expedited Prior Authorization Codes and Criteria.

Therapeutic Drug Class to be implemented as part of the Washington Preferred Drug List

Therapeutic Drug Class	Preferred Drugs	Non-preferred Drugs
Estrogens	Generic estradiol oral tablets, Menest oral tablets, and Premarin [®] vaginal cream	All estradiol transdermal systems, Estrace [®] brand tablets and vaginal cream, Premarin [®] tablets, Ogen [®] and estropipate tablets and vaginal cream, Cenestin [®] , Estratab [®] , Estring [®] , Femring [®] , Gynodiol [®] , and Vagifem [®] .

Addition to the List of Limitations on Certain Drugs

Drug	Limitations
Bactroban [®] (<i>mupirocin calcium</i>)	30 grams in 6 months

Additions to Expedited Prior Authorization Codes and Criteria

Effective the week of December 6, 2004:

Drug	Code	Criteria
Parcopa[®] (<i>carbidopa/levodopa</i>)	049	Diagnosis of Parkinson's disease and one of the following: a) Must have tried and failed generic carbidopa/levodopa; or b) Be unable to swallow solid oral dosage forms.
Xopenex[®] (<i>levalbuterol HCl</i>)	044	All of the following must apply: a) Patient is 6 years of age or older; and b) Diagnosis of asthma, reactive airway disease, or reversible airway obstructive disease; and c) Must have tried and failed racemic generic albuterol; and d) Patient is not intolerant to beta-adrenergic effects such as tremor, increased heart rate, nervousness, insomnia, etc.

Billing Instructions Replacement Pages

Attached are replacement pages H.7-H.14 for MAA's current *Prescription Drug Program Billing Instructions*.

How can I get MAA's provider issuances?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.